

Snell & Wilmer

L.L.P.
LAW OFFICES

One Arizona Center
Phoenix, Arizona 85004-2202
(602) 382-6000
Fax: (602) 382-6070
www.swlaw.com

PHOENIX, ARIZONA

TUCSON, ARIZONA

IRVINE, CALIFORNIA

SALT LAKE CITY, UTAH

DENVER, COLORADO

Thomas J. Finn (602) 382-6208
Patents, Trademarks & Copyrights
tfinn@swlaw.com

March 7, 2001

VIA EXPRESS MAIL
NO. EL608992229US

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Re: US Patent Application, Breck, et al.
System For Facilitating A Transaction
File No. 40655.0700

Dear Sir or Madam:

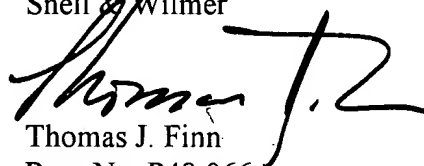
Enclosed are the following documents:

1. Utility Patent Application Transmittal;
2. Fee Transmittal for FY 2001;
3. Checks nos. 497740 and 283979 totaling \$2,028.00;
4. Return Receipt Postcard (postage prepaid);
5. System For Facilitating A Transaction Specification;
6. System For Facilitating A Transaction Drawings (Fig. 1-15);
7. Information Disclosure Statement; and
8. Information Disclosure Citation (5 backers).

Please process the above application. Thank you.

Sincerely,

Snell & Wilmer


Thomas J. Finn
Reg. No. P48,066

TJF:bf
Enclosures

cc: Ms. Patrice Jacobson (AMEX)

03/07/01
JC912 U.S. PTO

03-08-01

A

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	40655.0700
	First Inventor	Lydia Breck
	Title	SYSTEM FOR FACILITATING A TRANSACTION
	Express Mail Label No.	EL608992229US

APPLICATION ELEMENTS	ADDRESS TO:
See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification <i>(Total Pages 56)</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> <i>(Total Sheets 15)</i>	b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper
5. Oath or Declaration <i>(Total Pages)</i> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group / Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			or <input checked="" type="checkbox"/> Correspondence address below		
<i>(Insert Customer No. or Attach bar code label here)</i>					
Name	Thomas J. Finn Snell & Wilmer L.L.P.				
Address	One Arizona Center 400 East Van Buren				
City	Phoenix	State	Arizona	Zip Code	85004-2202
Country	USA	Telephone	602/382-6208	Fax	602-382-6070

Name (Print/Type)	Thomas J. Finn	Registration No. (Attorney/Agent)	P48,066
Signature	<i>Thomas J. Finn</i>	Date	March 7, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	TBA
Filing Date	March 7, 2001
First Named Inventor	Lydia Breck
Examiner Name	TBA
Group Art Unit	TBA
Attorney Docket No.	40655.0700

TOTAL AMOUNT OF PAYMENT \$2,028.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **19-2814**
Deposit Account Name **Snell & Wilmer**

- ☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17
☒ Applicant claims small entity status. See 37 CFR § 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 710 201 355		Utility filing fee	710.00
106 320 206 160		Design filing fee	
107 490 207 245		Plant filing fee	
108 710 208 355		Reissue filing fee	
114 150 214 75		Provisional filing fee	
SUBTOTAL (1)			\$710.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
56	-20** = 36	X 18.00 =	648.00
8	-3** = 5	X 80.00 =	400.00
Multiple Dependent			270.00 = 270.00

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103 18 203 9		Claims in excess of 20	
102 80 202 40		Independent claims in excess of 3	
104 270 204 135		Multiple dependent claim, if not paid	
109 80 209 40		** Reissue independent claims over original patent	
110 18 210 9		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$1,318.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non - English specification	
147 2,520 147 2,520		For filing a request for ex parte reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	
116 390 216 195		Extension for reply within second month	
117 890 217 445		Extension for reply within third month	
118 1,390 218 695		Extension for reply within fourth month	
128 1,890 228 945		Extension for reply within fifth month	
119 310 219 155		Notice of Appeal	
120 310 220 155		Filing a brief in support of an appeal	
121 270 221 135		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,240 241 620		Petition to revive - unintentional	
142 1,240 242 620		Utility issue fee (or reissue)	
143 440 243 220		Design issue fee	
144 600 244 300		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Processing fee under 37 CFR § 1.17(q)	
126 180 126 180		Submission of Information Disclosure Statement	
581 40 581 40		Recording each patent assignment per property (times number of properties)	
146 710 246 355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710 249 355		For each additional invention to be examined (37 CFR § 1.129(b))	
179 710 279 355		Request for Continued Examination (RCE)	
169 900 169 900		Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Name (Print/Type) **Thomas J. Finn**
Signature *Thomas J. Finn*

Registration No. (Attorney/Agent) **P48,066**

Complete (if applicable)

Telephone **602/382/6208**
Date **March 7, 2001**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.